

(LOSS ADJUSTER DATA - TYPE 56)

Format/Edits

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	Record Type	1	2	9(02)	Required. Must be 56.
2	Reporting Organization	3	2	X(02)	Required. Edit with RO/Company table.
3	Active Flag	5	1	X(01)	Required for all records. Must be: Y = Yes, Active N = No, Inactive.
4	Inactive Date	6	8	X(08)	If field #3 = N, then this field cannot be blank. Must be: MMDDCCYY format.
5	Filler	14	2	X(02)	Must be Spaces.
6	Reinsurance Year	16	4	9(04)	Must be 2002 for the 2002 Reinsurance Year.
7	Filler	20	1	X(01)	Must be Spaces.
8	Adjuster ID	21	9	X(09)	Required for all records. Must be left justified.
9	Adjuster Last Name	30	20	X(20)	Required for all records. Last name of the adjuster. Must be left justified beginning in the first position.
10	Adjuster First Name	50	10	X(10)	First name of the adjuster. Must not be blank. Must be left justified beginning in first position.
11	Adjuster Middle Name	60	10	X(10)	Middle name of the loss adjuster. Must be left justified beginning in first position.
12	Adjuster Suffix	70	5	X(05)	Name suffix of the loss adjuster (i.e. Sr, Jr, etc.) Must be left justified beginning in first position.
13	Adjuster Title	75	4	X(04)	Name title of the loss adjuster (i.e. Dr, Mr, etc.) Must be left justified beginning in first position.
14	Address State	79	2	X(02)	Required for all records. Must be valid alpha state abbreviation. If foreign country state enter "ZZ".
15	Filler	81	156	X(156)	Must be Spaces.
16	Adjuster SSN	237	9	9(09)	Required. Valid SSN for the Loss Adjuster.
17	M-14 Review Flag	246	2	9(02)	Must be zeros.
18	Filler	248	87	X(87)	Must be Spaces.
19	SSN Validation Flag	335	2	X(02)	Internal Use. Positions 335 - 336 will contain the SSN validation flag.
20	Ineligible Tracking Validation Flag	337	8	X(08)	Internal Use. Reserved.
21	Annual Review Date	345	8	9(08)	Required. Enter the annual performance review date as required by Section 1515(f)(3) of the FCI Act, Oversight of Agents and Loss Adjusters. MMDDCCYY format.
22	Filler	353	198	X(198)	Must be spaces.

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Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
23	FCIC Control Time	551	4	9(04)	Internal Use. The time the transaction batch file was received. (From when transmission started) HHMM Format.
24	FCIC Control Date	555	8	9(08)	Internal Use. The date the transaction batch file was received. (From when transmission started) MMDD CCYY Format.
25	Reinsurance Year	563	4	9(04)	Internal Use. The Reinsurance Year. CCYY format.
26	Batch Number	567	4	9(04)	Internal Use. The sequential number identifying the file that was submitted by the RO to FCIC/RMA.
27	Transaction Sequence Number	571	8	9(08)	Internal Use. The sequential number assigned to each transaction number processed by DAS <u>after it has been sorted.</u>
28	Transaction Rejected Flag	579	1	X(01)	Internal Use. Reserved.
29	Transaction Source Flag	580	1	X(01)	Internal Use. Reserved.
30	FCIC Accepted Date	581	8	9(08)	Internal Use. The date this record was initially accepted by DAS. MMDDCCYY format.
31	Filler	589	12	X(12)	Internal Use.

Note:

A 56 record must be accepted for the RO and Loss Adjuster SSN before a 21, 22 or 23 record will be accepted.